



Placer County Health and Human Services Department

Richard J. Burton, M.D., M.P.H.
Health Officer and Director

Jill Pahl, R.E.H.S.
Director, Environmental Health

VERIFICATION OF COMMISSARY

*Submit original. Copies are **not** accepted.*

OWNER/OPERATOR INFORMATION

(If applicable)

Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

VEHICLE INFORMATION

(If applicable)

Business Name on Vehicle: _____

Business Address: _____

City / State / Zip: _____

Business Phone: _____

Vehicle License Plate #: _____

COMMISSARY INFORMATION

Commissary Name: _____

Commissary Owner: _____

Commissary

Address: _____

City / State / Zip: _____

Commissary Phone: _____

Type of Facility: _____

Attach a copy of the Current Food Establishment Permit.

**Signature of Commissary
Owner:** _____

Date: _____

The above mentioned vehicle shall operate out of an approved commissary and shall report to the commissary at least once each operating day for cleaning and servicing.
If the use of the commissary is discontinued the permit-holder must notify the Environmental Health Division at (530) 745-2300 to make the necessary changes. I agree to operate as stated above.

**Signature of Permit
Applicant:** _____

Date: _____